STATE OF MARYLAND

4 0 4 0 AUG 2	81	FOR STATE REGISTRAR		DEPARTM		TH AND MENTAL HYG	SIENE REG.	3 5	3 3	
ay be age 3 death		CEASED NAME FIRST	MILDRED MDD	KIRWA	1 .4	BRADFORD	20. DATE OF DEATH	22 - 8°	7	26 HOUR 9: 30 A.
age 4 mo	3. SE	Female	4. RACE Whit	و	S. DATE OF B MONTH April	7, 1906	6. AGE (IN YEARS LAST B	YRS	IF UNDER TYEAR -	HOURS MIN.
2 2 2 bo		IRTHPLACE (STATE OR FOREIGN Maryland	U.S.A		WIDOWED		9 BALTIMORE CITY DORC	<u>or</u> county ( HESTER		MD.
offer and with		olden Hill		CILITY, GIVE STREET AL		THER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST CO-OWNER		INDUSTRY	BUSINESS OR  RY STORE
filled in light of the	USU.	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE	1 130	INSIDE CITY LIMITS?	13e.STREET ADDRESS P. O. BO	/ ZIF CODE	21622	
ompletely of 2 sh			MIDDLE FRANKLIN	KIRW	AN	MOTHER'S MAIDEN NAME FIRST MOLLIE	MIDDLE		WEBS	rer
De see	(	WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	15-44-		<sup>INFORMANT</sup> husb Ogle Bradf				NATE INTERVAL NSET AND DEATH
quires that the death certific signed by the attending then please remove carbo to burial, cremation, at rejury, or other froundities.	Z	PART I. DEATH WAS CAU IMMED  Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS	SA CONSEQUENTIAL SECONSEQUENTIAL SECONSEQUENTI	Perm	Palure Inchay a	lueer INAL DISEASE OR COI	, NDITION GIVE	N IN PART 110	
no low re hos been permit. I ene prior sws ony ic	CERTIFICATION	190 DATE OF OPERATION	. 19b. CONDITIO	N FOR WHICH C	PERATION W	AS PERFORMED	20a AUTOPSY? YES NO	20b IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED OF DEATH?
SICIAN: Thing physicio certificate virial-transit Vental Hygie Item 18 sho		? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY	YEAR	. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM TS PAR	RT + OR PART 2)	
DING PHYS or attending After this of a os the build of the ond Mc	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF E	NJURY FACTORY, OFFICE, FAR		LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
TEN or us or us or us 21 is		22a I certify that (I) (this has sow the deceased glive above. The well and idid				ot in (my) our) opinion o	to 8 > death accurred on the c	date and have		
by the Span by the Span by the Span DIRECT of detached for State Dept of ANT. If them	1	22b. SIGNATURE	Alen,	Mes	DEG	ATTENDING PHYSICIAN		AFF	220 DATE S	22 87
TO HOSPITAL etained by th TO FUNERAL should be deta with the State MAPORTANT.		MICHAEL .	Traclo	len,	MD	302 Coll 1	7 11	lock	ms.	21643
		BURIAL, CREMATION, REMOV,				TERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP	24 Ft	burial  JNERAL DIRECTOR Curi	8/25/8	/ Do:	rcnest	er Mem. P	k.Airey, (			
DHMH - 16 60M 7/84 (VRA 15, 4)		308 High	tan runer S+ Cambri	dge, M	d.,21		2.6 1987		ARSSIGNATU	

### STATE OF MARYLAND

CPO.	THE ST	- 40	70 3	
)	5	Aug	. 5	47.3
ing.	V	-	13	4
RI	EG. NO.			

		100			STATE OF MARYLAND	
063	354 AUG 2		OR TATE PEGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 3 5 3 4
		1. DECE	ASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	oy be oge 3 deoth	(1172 OR	Mos	SYE Marie	BRAM BIE	AUG 16 87 9:13A M
	Po Po	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	e 4 s of	F	emale	White	March 30, 1904	83 YRS. MONTHS DAYS HOURS MIN.
	2 32 66	7a BIRT	HPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COU		RAITIMORE CITY OR COLINTY OF DEATH
	120		aryland	US	WIDOWED TY DIVORCED	
N.	1/25 3/1	10 CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY
6	8 Us 10-	-	ambridge	Dorchester	General Hospital	Homemaker.
212	D 14 27	USUAL 13a. STA		OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)	13e.STREET ADDRESS / ZIP CODE
AND	1 11 20	Mai			dville YES NO KIX	N/A 21672
7 ×	1 10 10	14 FATH	IER'S NAME FIRST	MIDDLE LA	15. MOTHER'S MAIDEN N	AME MIDDLE LAST
MA	3 26/8/		Clarence		rris Georg	
SE.	9 96 9/		NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL	L SECURITY NO. 17 INFORMANT	ADDRESS Box 224
IMC	8 84 8	[163.	No		-01-8879 Edward L.	Bramble Toddville, Md. 216
IAL	1 1 1 1	18	CAUSE OF DEATH (Enter	anly one cause per line for La).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15	the physical property of the physical p		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	intrac Horses	30 Min
Z O	th ca corbin corbin correction			DUE TO, OR AS A CON	ISEQUENCE OF	
153	deor deor		Conditions, if any, which	( (b) A1	rterio selevotice blu	ut Disase YEARS
3	by the Ose remo	(	gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEOUENCE OF	
, 20	gned in ple buric ry, or	Р	ART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 110
RDS	The The inju	CERTIFICATION 13	HUMONE	ARY TUBERO	culos-is	
0	ow r mit.	CA 19	DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL R	The ton.	E L				YES NOW YES NO
YIV	hysician rousid Hygin 18 sp. 18 sp.		a. ACCIDENT WAS UNDERLYING		TH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)
101	HYSICIA ding ph is certifi buriol-tr Mentol	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	EATH	19	
DIVISION OF VITAL RECORDS, 20	DING PHYS  or ottending  After this e os the but ofth and Me	W	MILE NOT WHILE NOT WHILE NORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC ) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
0		I		pital) attended the deceased t	from WAY 19 8	7 to 16 MIG 19 87 tho (1) (we) lost
	TTEN TOR For up		saw the deceased alive of	nat) view the bady after death.	19 87, and that in (my) your) apinion	death occurred an the date and hour and from the couses stated
	OK A he hosp DIRECtoched to Dept If Hem	22	b. SIGNATURE	nat) view the bady after death.	DEGREE	22c DATE SIGNED
	SPITAL OK A by the house NERAL DIRE. be detoched e State Dept TANT: If them		(Ormiale)	Perdener ?	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN   16 Aug 87
	HOSPITAL ned by the FUNERAL JId be detected to the Store ORTANT:	27	& PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS	B DIRECTOR THIS CLARK
	Se Bet a	1	RAIG W. CH	LAWELL	Drowsonse	Common the Commencial
	of Or Show	23a. BUR	IAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION
	BP	(SPE	Burial	8/19/87	Dor. Mem. Park	Cambridge Don's State
	DUMU 14 4044 7/2	24. FUN	ERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	DHMH - 16 60M 7/84 (VRA 15, 4)		THOMAS FUN	NERAL HOME C	AMBRIDGE, MD AUG	201987

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	178	FOR STATE REGISTRAR		DEPARTA	AENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 3	2		
		EEASED NAME FIRST	A	MIDDLE	Ĭ.	AST	20 DATE OF DEATH M		YEAR	26 HOUR	
	(TYPE	Geneva Geneva		R.ose	Burt	on	Aug. 10	,1987		11:55 pm	
	3 SEX	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHE		DER 1 YEAR	IF UNDER 24 HRS	
24	1	, female	whit	e	12		60	YRS.	HS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR				
5		Md.	U.	S.A.	WIDOWE		Dorchester				
1	1	TY OR TOWN OF DEATH ambridge	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET RACE ST	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W homemake	WORKING LIFE) IN	ZE KIND O NDUSTRY	PER BUSINESS OR	
5	13a. S	AL RESIDENCE (IF NURSING HOME CONTACTE 13b. COU	NTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Cambrid	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 1702	ZIP CODE Race S	St.	21613	
5	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		1.45		
1		William	James	Rose		Sallie	MIDDLE		Hari	cis	
,		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	S				
	()	YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	220-16	-9288	James L. B	urton Jr.	Cam	abrid	dge Md.	
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OI	CARDIO Y MARAS A CONSEQUE RAS A CONSEQUE CHI GREA	ENCE OF	AR COLLAPSE			PAY:		
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM					
2	CERTIFICATION	190 DATE OF OPERATION 7-1-86		TION FOR WHICH		N WAS PERFORMED		20b. IF YES, WE IN CERTIFYING YES			
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.	M. MONTH D.	AY YEAR		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE, F		211 LOCATION STREET	CITY OR TOW		COUNTY	STATE	
		saw the deceased alive a abave, Dwe (did idid r	n 10	-10 19		d that in my lour) opinion			d from the		
		22b. SIGNATURE	1-200		p	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF	AN 🗌	22c. DATE	SIGNED -/1-87	
T		JAMES F. MECH		۵.			GURORA STREE				
1	230 1	BUDIAL OPENATION PENOVA	1 TON DATE	1 236	NAME OF (	EMETERY OR CREMATORY	73d. LOCATION				

Park

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certif should be detached for use as the b

IMPORTANT: If Item 21 is morked or Item 18 of

(SPECIFY)

burial

24 FUNERAL DIRECTOR THOMAS CAMBRIDGE MD. FUNERAL HOME (VRA 15, 4)

Cambridge Dor.
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUG

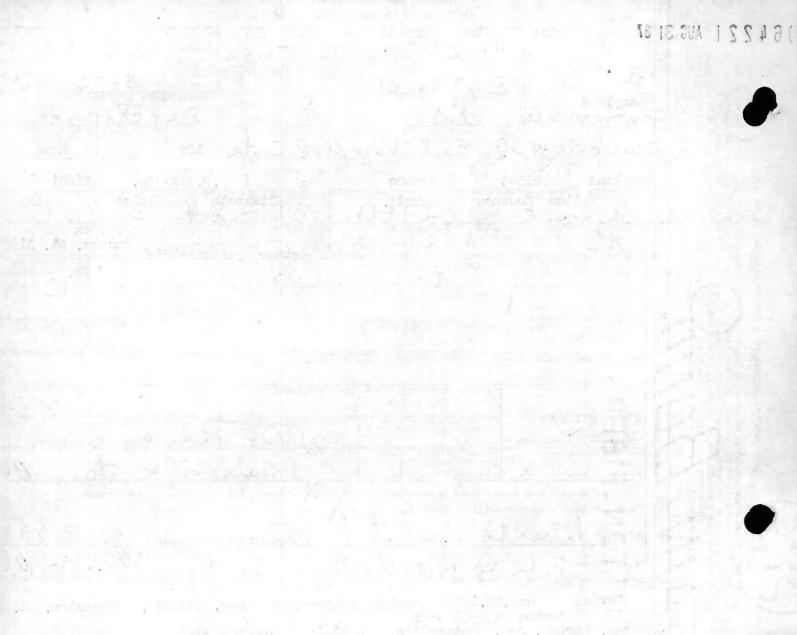
# STATE OF MARYLAND

9	3	5	3	4
See.			17	
	EC NIC			

		-			E OF MARYLAND	0 7 3	3 5
741 A	JG _	FOR 07 STATUT REGISTRAR	DI	EPARTMENT OF F	IEALTH AND MENTAL HYC ICATE OF DEATH	REGANO	3
	I. DEC	EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth deoth	(TYPE	William	C	Bu	Rd	8-	9-87 09454
od de	3. SEX  Male  70. BIRTHPLACE (STATE OR FORE COUNTRY)  Maryland  10. CITY OR TOWN OF DEATH  Cambridge  USUAL RESIDENCE (IF NURSING 136 STATE  Maryland  14. FATHER'S NAME FIRST  Harry		Granville La RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI
0 40		- 1 -		MONT	H DAY YEAR		MONTHS DATS HOURS MI
000			White	July	7,1918	69 YRS.	TV OF DEATH
2 101	C	DUNTRY)	76 CITIZEN OF WHAT COL	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	IT OF DEATH
( TO			US	WIDOW		Dorchest 120 USUAL OCCUPATION	er Co.
13	10. CI	Cambridge	11. NAME OF HOSPITAL,  (IF NOT IN SUCH FACILITY, GI  DOrchester	NURSING HOME ( IVE STREET ADDRESS)  Genera	1 Hospital	(TYPE OF WORK FOR MOST OF WORKING Supermarket	LIFE) INDUSTRY
3 4 /	USUA 13a S	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE .
1	M		7-00	nbridge	YES T NO		Street 216
100	I4 FA	THER'S NAME		AST	15 MOTHER'S MAIDEN NA	AME MIDDLE	LAST
5.71				Byrd	Bessie		Ford
	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	ADDRESS Rt	
medical		es, no or unknown) (IF Yes, GI	VE WAR OR DATES)	-03-5774	Tudy VanDo	ourgondien Tra	
he a					H Judy Vanbe	ourgonalen Tra	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
event the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line for (a)	elilia 1	du comoina	MA Shamond	
ě .		IMMEDIA	TE CAUSE (a) JULYA	JUHO M	JUHO CUPELA OT	mA, Stomach	mos
otic			DUE TO, OR AS A CO	NSEQUENCE OF			
00		Canditions, if any, which	(b)				
er tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF			
other		underlying cause last.	(c)				
y, 01		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	NG TO DEATH BU	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
ony injury.	O	Bowel ble	struction	7			
Ouy	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
\$ /1	TEK						YES NO
18 shov	CER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 1	B PART 1 OR PART 2)
		OR CONTRIBUTING CAUSE OF DE		ITH DAY YEAR			
or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		
	ME	WHILE NOT WHILE IT	(AT HOME STREET, FACTOR)		STREET	CITY OR TOWN	COUNTY STATE
morked		AT WORK	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		7	7 8/9	19 6 L tho (I) (we)
is n		220. I certify that this hosp			and about in Faul (our) opunion	death accurred on the date and h	
n 21		above (i) (we) Mid I did n	at) view the bady after deat	h.		- dediti decorred on the dole ond th	
#e-		17h SIGNATURE			DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
Ē		. all alon	uell	78	PHYSICIAN	DIRECTOR   PHYSICIAN	8/9/87
NA N	-	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		
Ö		CEAIG W.	ALDUFIL		DORCHESTER	GON'L HOST, CAN	MARIDGE MI)
IMPORTANT: #	73a P	URIAL, CREMATION, REMOVA	L 23b. DATE	23r NAME OF	CEMETERY OR CREMATORY	73d LOCATION	The state of the s
	(	Burial	8/11/87		m Park	CITY OR TOWN	COUNTY STATE
-	-		0/11/0/	DOT ME		Cambridge	
1 7/84	Z4 FL	INERAL DIRECTOR		ADDRESS	25a BAA	TERECT. BY REGISTRAR 255 REG	SINAK S SIGNATURE
)		THOMAS F	UNERAL HOME	CAMBRI	DCE MD		

30M 7/73

STATE OF MARYLAND



064748

FOR

STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D	18 0	
	TPE OR PRINTI	OURYEA MIDDLE LEV	VIS L	HUBBARD Labord	2e DATE OF DEATH	8 27	VEAR 87	2.3 Sp.
FF	EMALE	WHITE	5. DATE C	DAY YEAR	6. AGE   IN YEARS LAST BIRT	YRS		IF UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN ARYLAND	U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O DORCHE		DEATH	MD
C		11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET  DORCHESTER GE)	TADDRESS) NERAI		176. USUAL OCCUPATION I TYPE OF WORK FOR MOST OF HOUSEWIFE	F WORKING LIFE)	INDUSTRY	BUSINESS OR
13a M	DUAL RESIDENCE (IF NURSING HOME OR STATE 136, COUN ARYLAND CITY FATHER'S NAME	TOTHER INSTITUTION GIVE RESIDENCE BEFOR  NTY 134. CITY OR TOV  BALTIMO	VN	13d. INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NAM	13e STREET ADDRESS /		Ave.	21225
d	FIRST	MIDDLE LAST HICKS LEWIS MED FORCES? 166 SOCIAL SECU	LIBITY NO	MAMIE	MIDDLE	Ε.	ROBI	NSON
N	(YES, NO OR UNKNOWN) (IF YES, GIV	re war or oates)  212-18  lly one couse per line for (a), (b), or	-2877	Mrs. Helen				.Camb.
ATION	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CONI	20b. IF YES, W		OS HEED
CERTIFICATION	THE DATE OF GREATION		TOPERATIO		YES NO	IN CERTIFYIN	G CAUSES (	
MEDICAL CE	00.000.000.000.000.000.000.000.000.000	TH HOUR A.M. MONTH D	AY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM TS PART I	OR PART ?)	
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the deceased alive on.	tol) ottended the deceased from	, on	, 19 d that in (my) (our) opinion o	, to death occurred on the do			
A	22d PHYSICIAN'S NAME (TYPE O	Samuan	(	ATTENDING PHYSICIAN D	MEDICAL STAF	F IAN 🗌	8/3	7/47
	£.7.	anman		17 From	ellin St.	Cam	buidge	MD 211
230	Burial, cremation, removal Burial	8-30-1987 S	pedde	en-Seward	Hudson I	Dorche	ster,	Md .
24	Curran Funera	1 Home ADDRESS	08 H	igh St. 250. DATE	E REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNATL	IRE

DHMH - 16 60M 7/84 (VRA 15, 4)

1987 Julia Dividen Pandres Cambridge, Md. 21419EP3

(VRA 15, 4)

# STATE OF MARYLAND

1	- STAT	E STRAR	DEPAR		EALTH AND MENTAL HYG	/ 64	3 3	3 4	
	DECEASE	DNAME FIRST	MIDDLE		AST	REG.	-	DAY YEAR 2	b HOUR
ne be	87	Ernes	t H	1	ee		8 1	6 87	101
-	SEX		RACE	5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)		HOURS M
2	BIRTURE	ACE (STATE OR FOREIGN 7)	S CITIZEN OF WHAT COUNTR	1	2 14	9 BALTIMORE-CITY	(RS)	COEDEATH	
6.	COUNTRY		II C	MARRIEI	DIVORCED D	BALTIMORECI	Trab	story	Ca.
200			I. NAME OF HOSPITAL, NURS	SING HOME C		120 USUAL OCCUP		126 KIND OF	BUSINESS
X	en	bridge	Do-ChesTe-	GEN	HospiTal	Retire	/	(E) INDUSTRY	
26	STATE	IDENCE (IF NURSING HOME OF O			136 INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP CODE	/	
2/	FATHER	NAME DOTA	heste- Cambo	idge	YES NO D		Ne S	T. / 2/	61-
41	5		IDDLE LAST	,	FIRST	) MIDDLE	· A	16 HAST	+
160		CEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SE	CURITY NO	17 INFORMANT	ADI	PRESS	7	50
1	17ES, NO.	OR GARNOWN) (IF YES GIVE	217-10.	-8583	Bessie 1	bee 5	13 Pin	e 5%	nd.
	18_CA	AUSE OF DEATH (Enter only	one couse per line for (a), (b),		4			BETWEEN ON	TE INTERVA
	132	IMMEDIATE		rac c	arrest		1473		
100	Conc	ditions, if ony, which	DUE TO, OR AS A CONSEC	WENCE OF	myocardial	infancti	6-0	4	
	gove	e rise to immediate e (a), stating the	DUE TO, OR AS A CONSEG		your was	0	0-1		
20		erlying couse lost.	(c)	UENCE OF					
20		2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIV	EN IN PART Ito	
7	19a D/	ATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDING	
9						YES NO		YING CAUSES O	F DEATH
7		CCIDENT WAS UNDERLYING DATE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IT	JURY IN ITEM 18 F	PART I OR PART 2)	
7 PAGICAN	(IFE	THER NOTIFY MEDICAL EXAMINER)	P.M.	19					DE
/ GA	21d IN	NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC )	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STA
			a) ottended the deceased from	Jan	1 10 83	10 AT	10	1087	ot (I) (we
	so	by the deceased alive on by (1) (val (did) (did not)	8/16 19	447 ma	nd that in (my) Our opinion		7		- 1- 1
. 1		IGNATURE	View the body offer deom.		DEGREE			22c DATE SI	GNED
4		Lover 11.	mans			MEDICAL S	SICIAN X		
11	22d P	ROLL TS	PRINT)		22e ADDRESS	1 4	- 1	1. 10/	1
22	a RIIDIAI	CDEMATION DE MOVI	122 0415	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	P, C6	imprilla	e p
1 3	PECHY	, CREMATION, REMOVAL	23b DATE 23	, , /	1/ 1/2.	CITY OR TOWN	~	COUNTY	STA
124		L DIRECTOR	10/ 101 1	NION		E REC'D. BY REGISTR		RAR'S SIGNATUR	RE /
B4	10 M	Les T Fuero	ADDRYS	1	id se MA AUE	3 2 5 1987	1.		

10 B 2 G BBB

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- willdoon - Mandage

CERTIFICATE OF DEATH REG. NO. 2a. DATE OF DEATH 26 HOUR MONTH 1. DECEASED NAME (TYPE OR PRINT) 7:40 AM Mc LAUGHLIN INEZ IF UNDER 24 HRS 6. AGE | IN YEARS LAST BIRTHDAY IF UNDER LYEAR 1. SEX MONTH WHITE Female 1896 0 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY Dorchester DIVORCED | WIDOWED WO: 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY ambridge GlASGOW NUTSING HOME EDUCATION TEACHER ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 21613 Md Ambridge YES X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE MIDDLE PRITCHETT GEORGIA INSLEY 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 6903 VISTA DRIVE LIF YES GIVE WAR OR DATEST (YES NO OR UNKNOWN) FREDERICK, MD MARY JANE SANDERS 214-12-6182 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INFARETION 30 min MYOCAR DIAL IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF 4EARS Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 198 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOD 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONIH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 22a.1 certify that ( this hospital) attended the deceased from 8- 12 (our) opinion death occurred on the date and hour and from the causes stated ond that in (my) DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN (SPECIFY Cambridge, Dorchester, Md. -14 - 1987Dorchester Mem. BURIAL 250. DAUS DES REGISTRAR 256. REGISTRAR'S, SIGNATURE 24 FUNERAL DIRECTOR

EASTON, MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

NEWNAM FUNERAL HOME

BP

should be determined by with the Stole MPORTAN

FOR STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE CERTIFICATE OF DEATH

2	3	5	4	1
	REG. NO.			-

064328 SEP-	1 8	FEGISTRAR				CERTIF	ICATE OF DEAT	# "	REG. N	10.		
1 7 1	De	EASED NAME	PIRST		MIDDLE		LER		20. DATE OF DEATH	MONTH DA		26 HOUR
ge 4 moy	1. SE			4 RACE CAL	10	5. DATE C	OF BIRTH	EAR DO	6 AGE IN YEARS LAST B	(RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
0:135		RTHPLACE (STATE ORFO	OREIGN	76. CITIZEN OF	WHAT COUP	MARRIE WIDOWE	D NEVER MARRI		9 BALTIMORE CITY	OR COUNTY O		MD.
8 10 63	(	AMBRIDGE	=	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTI	ON	12g USUAL OCCUPATION OF WORK FOR MOST Pipefit	OF WORKING LIFE)	126 KIND C INDUSTRY CON	of BUSINESS OR
AND 21	134. 5		13b. COUP DO	OTHER INSTITUTION	Camb	R TOWN Oridge	134 INSIDE CITY LI	_	130 STREET ADDRESS	zip code f ton S	t.	21613
MARY!	14. F.A	Jesse		MIDDLE	Miï	ler	is mother's mail		MIDDLE		Dear	it
TIMORE the axecu on and co underso		VAS DECEASED EVER I		MED FORCES?		05-6917	Eunice	в.	Miller	Item		
ST BA		18 CAUSE OF DEATH PART 1. DEATH WA	AS CAUSE		-	BPIR	ATORY	FAI	LURE		BETWEEN	MATE INTERVAL ONSET AND DEATH
RESTON contending move cont	2	Conditions, if ony, gave rise to imm		DUE TO, OF	R AS A CON	SEQUENCE OF					V	15
01 W. P chot the ideois re- idi, crem or other.		couse (a), stating underlying couse	lost.	( lc)		BROWN CE OF					do	up
ORDS, 1 reduire reduire, t. There p or to bu	CATION	IDDI	n						NAL DISEASE OR COM			
The low control permit	CERTIFICA	19a. DATE OF OPERAT	-			VHICH OPERATIO	N WAS PERFORMED		YES NO	IN CERTIFYI		OF DEATH?
NOF VI	7	710. ACCIDENT WAS UNDO OR CONTRIBUTING C	AUSE OF DE	ATH HOUR A./	M. MONTI	H DAY YEAR		OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	T 1 OR PART 2)	
DIVISION of the this of the this of the and Me orked on the	MEDICA	21d INJURY OCCURR	LE 🗍	21e PLACE ( (AT HOME, STR		OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
ATTEND riphts o CTOR, v of Heal is 21 a in		270.1 certify that (1) saw the decease above (1) (her o	-		1 00 100	1000	d that in (my) (our)	opinion d	leath occurred on the	date and havi d	and from the	that ( love) last couses stated
y the ho detection for the form		27b. SIGNATURE	Hu	But 7	Ju	ery			MEDICAL STA		22¢ DATE	SIGNED A
O HOSPI noticed by should be wedsita.		278. PHYSICIAN'S NA	BE	NTL.	FIE	ky	12 ADDRESS 503	Z	BYPW S	7		
BP	ľ	URIAL, CREMATION, F	REMOVAL	236 DATE 8/28,	/87		emetery or cremieters (	C em		k Do	COUNTY T.	Md STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR	VERA	L HOME	CAM	BRIDGE	MD.	AUG AUG	31 1987	EDSU	BSALEHON	MAIN.

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701 TO HOSPITAL OR ATTENDING PHYSICIAN: The

STATE OF MARYLAND

1-	FOR STATE . REGISTRAR			DEPA		ICATE O	F DEATH	GIENE	2 3 REG. NO	j 6	2	
1. SE		ellie	RACE	B.	5. DATE O	CE BIRTH	e ·		OF DEATH	18 19		2b HOUR 9 PM
/	female	-	Car	u,	MONT		1 96		9		NIHS DATS	HOURS MIN.
74. 81 0	ON COLDEN	1d	L/S	4	MARRIE WIDOWI	D NEV	ER MARRIED DIVORCED DIVORCED DIVORCED			CEFES.	757	MD OF BUSINESS OR
Ci	amlisida	re	DON'TH	ESTEN	TREE LADDRESS VE	RAL	Hospira	. ITYPE OF WILL	RETTR	E W/ORKING HEEL	INDUSTRY	, 500 ii 1230 Gii
13a S	TATEMD	136 COUN	OTHER INSTITUTION TY HESTER	13c. CHYOR		YES	E CITY LIMITS?	307	SAND		ROAD	2161
	TAMES	Hoc	PER	WIL	LEY	15. MOTH	ER'S MAIDEN NA EMMA	IME C	TANE		LECO	mpie-
	VAS DECEASED EVER		MED FORCES? WAR OR DATES)		-7690	HOS	P. CHARLA	-	ADDRE	SS		
	PART I. DEATH W	AS CAUSED	y one couse per BY: CAUSE (0)	11.		Selvi	DOUN	/				ONSET AND DEATH
	Conditions, if ony,		DUE TO, OF	R AS A CONS	OUENCE OF	Ac	A2018	meA			Sec	100 ARS.
	couse (o), stoting underlying cause	g the	DUE TO, OF	AS A CONSE	QUENCE OF	BA	TELIONELE	une	marz	ASCULAN SEASE	mi	YEARS
TION	PART 2 OTHER SIGN	SILA	R Ani	ERY	INSU	All	ENCO/	AINAL DISEA	SE OR COND			
CERTIFICATION	19a DATE OF OPERAT	A	196 CONDI	TION FOR WE	V/A	_		YES [	NOAT.	YES	NG CAUSES	NGS USED S OF DEATH? NO
	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	ANSE PROPERT		M. MONTH	ye year	21c. HOV	INJURY OCCUR	RED PERSER I	TURE OF INJUR	Y IN ITEM 18 PART	FOR PART 2)	
MEDICAL	21d INJURY OCCURR	/ 1-	21e PLACE ( (AT HOME, STR		Ke LARMACT	211 LOC/ 51	ATION REET	N/	ATT OR TOV	WN	COUNTY	STATE
	22a.l certify that (1) sow the decease above (1) (we) (d	d olive on		879	1-7	nd that in (	ny) (our) opinion	deoth occurr	red on the do	te and hour o	1	that (I) (we) last couses stated
	Sonold		rewell	lun	-> /	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAF	F IAN []	220 DATE	SIGNED 87
	HONALD		Yculle	LIAM	s, 14.D	30 8	CAMY S	- 0			= Mo	21613
23o B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY	OR CREMATORY	23d. LOC	ATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

injury, or other traumatique ent,

IMPORTANT: If hem 21 is marked or hem 18 shaws any

Burial 8/21/87
PA FUNERAL DIRECTOR

NAME
THOMAS FUNERAL HOME

CAMBRIDGE.

AUG 2 1987

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1.	FOR STATE			DEPARTMENT	OF HEALT	H AND MEN	TAL HYGIE	NE O 7	: 1	<	
163484 AH	c bi	FEISTRAR		ME	DICAL EXA	WINER'S	CERTIFIC	TE OF DE	ATH- REG	NO.		
O O T U T NO	0	PEORPRINT)	FIRST		MIDDLE		LAST		20 DATE KNOWN OF ESTI-	MONTH X	OAY YEAR	26 HOUR
SA SASS				resa	Eve		oore		DEATH MATED	Aug !	19 19 87	4:45
STATE OF STA	3 SE	F10.37	4 RACE	S DATE OF BIRTH		(IN YEARS IF L		UNDER 24 HRS	2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d HOUR
SA SE	n late	emale	White			2 YRS.		MIN	DEAD		19	M
ESS SERVICES		OREIGN COUNTRY)	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8 MAR	RIED   NEVE	R MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
<b>美麗美</b>		Marylar			US	100		DIVORCED		nester		MD
A REAL PARTY	V"	ITY OR TOWN			SPITAL, NURSING I ACILITY, GIVE STREET ADD		THER INSTITUTION		SUAL OCCUPATION R MOST OF WORKING LIFE)	(TYPE OF WORK	2b KIND OF BU OR INDUSTE	
Access.	1	Cambri		Rt 2	Box 124		Home)	I	Homemaker			
COCTANT SE		STATE	IF IN NURSING HOME I		13c. CITY OR TO		13d INSIDE CITY	LIMITS? 13e ST			nic	10
# 4585#	_	aryland		nester	Cambri	dge		NO XX	Rt 2 Box	k 124	2/61	3
A H- NOW	1	ATHER'S NAME		MIDOLE	LAST		15 MOTHER'S	S MAIDEN NAM	MIDDLE		LAST	
A SEST	4	Thoma	EVER IN U.S. AR	W.50 5006500	Conrad	THE PARTY NAME	17. INFORMA	Mary			arris	
MAN SERVICE THE	100.	YES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR OATES)	16b. SOCIAL SEC				ADDR			
BAS GIN		No				<u>-9000</u>	Barba	ara Fit	tzhugh	Item =		
F NEWS II		PART I DE	F DEATH (Enter or ATH WAS CAUSE	lly one cause per lin D BY:	e for (a), (b), and (c	//	102 My	10- 0.	Taccon		APPROXIMATE BETWEEN ONSET	AND DEATH
PER VAL			IMMEDIA	TE CAUSE (o)	RAS A CONSEQUE		ie origeci	MOINT	SVAHICILL	7/0	1-2	1418.
201 W. PRE-TON- UTED WITHIN 24-H IN PENCIL IN ITEM EXAMINER ALGM IAL - TRANSIT PER OMENTAL HYGIEI DN, OR REMOVAL.		Condition	s, if ony, which	DOE 10, O.	1 -	SCLERE	ATTE H	tons.	Departe.	-	SOV	. Vipo
WITE WITE WITE WITE WITE WITE WITE WITE		gave ris	e ta immediate		AS A CONSEQUE		1666 61	0	941111		96.	719
X XAXX		lying cou		00210,01	GA KANA	4	TOUOSCUE	PATE CA	EDIOVARCUU	A DICOM	e Co	400
S. A. E. E. A. B. A. N. D. A. TIO		PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH					463 692	DE JEV	-775
ITAL RECORDS, 201 W SHOULD BE EXECUTED V DRD "PENDING" IN PER CHIEF MEDICAL EXAM CHE AED AS A BURIAL-TI OF HEALTH AND MEN. OR HEALTH AND MEN.	Z		Hermer	oc occ	1. USIVE 1	Real Dr	4-12	VASCUSI	AL DESE	285		
RECO. ILD BE I PENDI PEN	CERTIFICATION	190 DATE OF	OPERATION		TION FOR WHICH	OPERATION '					20 AUTOPSY?	,
SHOUL SHOUL CHIEF E USE F USE RRIAL	4 2		NIA		N	14					YES 🗆	NO
CERTIFICATE SHO CERTIFICATE SHO ITING THE WORD DEB TO THE CHIL E 3 SHOULD BE US E 0 EPARTMENT OF	E E		L CAUSE WAS	216. TIME C		A 21c. 1	HOW INJURY OF	CCURRED (ENTER	R NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART :		NO 25
SET OUT THE		UNDERLYING CONTRIBUTION	OR CAUSE OF		,	Y AR	N	A				
DIVISION S CERTIFIC RRITING TH RDED TO 1 SE 3 SHOU FIE DEPARTY 201 PRIOR 1	MEDICAL	21d. INJURY O	1//	A 21e PLACE	OF INJURY (AT HO		OCATION		A STEWN FOR			
DIV E, WRIT E, WRIT EWARDE PAGE 3 STATE D	2	AT WORK	NOT WHILE	STREET	TORY FARM, ETC.)	4	STREET N/O	4	CITY OR TOWN	COUN	ITY	STATE
шт. О		220 Loogt	v that I took chore	e of the remains de	scribed obove, held	on Auto		aspection X	. X		-	
A D K D F S		death resulte		ral couses	Accident	Suicide [	Homicide		Inquiry	ond in my opin	ion	
EXAMI CERTIFIC DIE BE DIRECT WITH		geath resone	H	- Di	/ /	Joicide [_	TITLE (SPE)		rermined manner	_] ,		
A STAN		ACTUAL SIGNATURE	Sheel	X True	Mellan		un DEPL	1500	DICAL EXAMINER	DATE	8/12/	オフ
SE S			1	10	1, ,		20	1	PILALEAMINER	SIGNED.	4.00	1
TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE FORDEAL DIRECAL DIRECA AFTER DEATH, WITH	1	(TYPE OR PRIN		ALDA.	TOU WILLA	1 66	ADDRESS_3	0869	4212656	Any BR	IDGE,	16n
53 S D F S	23o. E	SURIAL, CREMAT	ION, REMOVAL	3b. DATE	23c. NAME O		OR CREMATORY	Jan 1	OCATION	COURT		3
07/84 BP		Buria		8/21/87	Dor M	emori	al Parl	c Ca	ämbridge	Dor	. 1764	ATE
25M DHMH - 17	24_F	UNERAL DIREC		ADDRES		400	250	DATE REC'D. B	Y REGISTRAR 256 RI	EGISTRAP'S SIC	MATURE	
(V/D A 15 AAE /5)\		THOMAS	FUNER	AL HOME	CAMBRID	CF MI	0	AUG 2	1 1987 /			-

		1	FOR			DEPARTMENT		MARYLAND		IE				
647	49 SEP -1	87	STATE REGISTRAR		MI	EDICAL EXAM				ATE O	NO.			
	20 21 22 12	1. DE	CEASED NAME DE OR PRINT)	JAM	JAMES	MIDDLE C.		- 73	ELLER	20. DATE KNOWN OF ESTI- DEATH MATED	- MONTH	12.0	YEAR 1	26 HOUR 8 30 M
10	DIRECTO DIRECTO OUR FU 77 HOU ON STREE	10	ALE		July 26	,1921 67	IN YEARS IF U RTHDAY) MON YRS.		UNDER 24 HRS.	PRONOUNCED DEAD	MONTH 8	DAY 2 A		2d. HOUR
	NECESS FOR WITHIN WITHIN	I	RTHPLACE (STAT	vania	U. S		WIDO		DIVORCED [	9. BALTIMORE CIT DORCH	ESTE	R		MD
+	F ANY DELA AND 3 TO THE RETAIN PAG HOULD BE FILL PECORDS, 20	CZ	AMBRIDG	E	DORCHE	SPITAL, NURSING H FACILITY, GIVE STREET ADDR STER GEN GIVE RESIDENCE BEFORE AD	ERAL		P I2a US	UAL OCCUPATION MOST OF WORKING (IFE) RESIDENT	(TYPE OF WORK	Lubi	of Busi NDUSTRY	Co. tinc
3, 21201	RETAI RETAI SHOULD	N30. S	EW JERS	138 COUN	TY	MORRIS	/N				orri:	s 5 9 y t	50 N	/J.
ORE, M	DEATH M PM AND 2 AND 2	F	REDERIC			MOSTELLE		SAD				BAC	ČH	
MUTAN	S AFTENDE CONFERENCE TH FORM PAGES 1 A VISION TO	6a. \Y	VAS DECEASED E ES. NO. OR UNKNOWN NO	N) (IF YES, GIVE V	WAR OR DATES}	184-12-	5195	Helen	Moste	ller sa	ime a			
S, 201 W. PRESTON II.	JUD BE EXECUTED WITHIN 24 10.2" "PENDING" IN PENCIL IN ITEM 18. F MEDICAL EXAMINER ALONG WED AS BURIAL - IRANSIT PERMIT HEALTH AND MENTAL HYGIER, DAIL, CREMATION, OR REMOVAL.		Canditions, gave rise cause (a) st lying cause	IMMEDIAT  if ony, which to immediate cating the <u>under-</u> last.	D BY:  (FE CAUSE (o)  (b)  DUE TO, O  (c)	ne for (a), (b), ond (c).  ARTERIOS CAR  R AS A CONSEQUEN  R AS A CONSEQUEN	CE OF			LAR DISE	BIE	BETWEE	OXIMATE IN	ND DEATH
AL RECORDS,	OULD BE EXECUTE MEDING" HIEF MEDICAL JISED AS A BU F HEALTH AN	CERTIFICATION	19a. DATE OF O			BUT NOT RELATED TO THE						20 AU	TOPSY?	
DIVISION OF VIT	RE THIS CERTIFICATE SHOULD NIE, WRITING THE WORD "PER DRWARDED TO THE CHIEF M RE PAGE 3 SHOULD BE USED A RESTATE OF PRARMENT OF HEAD DO, 21201 PRIOR TO BURIAL, C	MEDICAL CERTI		OR CAUSE OF D	DEATH P.	M. MONTH DAY	EAR		CCURRED LENTER	NATURE OF INJURY IN ITEM	A 18 PART T OR P		s 🗋	NO M
DIVIS	THIS CERTIF WARDED TO PAGE 3 SHC TATE DEPAR 21201 RRIO	MED	WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOM CTORY, FARM, ETC.)		STREET		CITY OR TOWN	C	OUNTY		STATE
•	EXAMINE THE CERTIFICATION BE FOUNDED BE FOU	1	270. I certify to death resulted ACTUAL SIGNATURE	from: Noture	e of the remoins de ol couses	Accident ,	Suicide	Homicide TITLE (SPEC	PUTY MED	Inquiry	DATE	ED 8	-30-	
190	TO MEDIC SECUTE: PACE 4 S TO FUNE MATER DE BALTIMON	23 058	RINISCREMATIC	ON, REMOVAY 2			cemetery c		1001	CATION ORTHWN Sking Ri			N. STATE	
7/1	DHMH - 17 (VR A15 ME (5) ) 15M 2/80	24 F	UNERAL DIRECTO		AL HOME	200 t	ligh S	25a.	SEP 3	REGISTRAR 256 RE	Devide	SIGNATUR		

175

T-40

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physicion.

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	14	GISTRAR				CERTI	FICATE OF DEAT	H '	6.	REG. N	0.	H. H.			
1		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST		20 DATE OF			DAY YEAR	2b. H	OUR	
ı	(ITPE	GR PRINT)	Helen	ıa	L.	Phi	llips		Aug.	9,	198	7	0	200 M	
Ì	3. SEX	(		4. RACE			OF BIRTH		6. AGE - (IN YE			IF UNDER 1 YE		DER 24 HRS	
1		femal	Le	whit	hite J		Jan 17,1920		67 YRS		MONTHS DAT	5 HOU	IS MIN.		
4	Md.				76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DOTCHEST			or		
4	10 CT	TY OR TOWN OF DEA	ATH		U.S.A.	WIDOW IG HOME	OR OTHER INSTITUTE		12e USUAL C				OF BUS	MD.	
1	100	ambridge			Edion Edion				chie	FOR MOST O	OF WORKING	or, ph	Y		
	130 S	AL RESIDENCE IN NURS	131 COUR	OTHER INSTITUTION	134 CITY OR TOW Cambri	N	134 INSIDE CITY LIV YES NO		13e STREET A				0	1610	
1	14 FA	THER'S NAME			Campil	uge	15. MOTHER'S MAII		410	Ealc	n Pa	ark	2	1613_	
1		Phillip		J.	Link		Agne	es	17.1	MIDDLE			van	314	
16		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECU		17 INFORMANT			ADDR					
ı		NO			216-01-	-268	3 Edwin F	R. Pl	hilli	os	Ţ	tem 1			
I		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b), an	dicit	. 0	0				APPR	NONSET A	ND DEATH	
1		PART L DEATH W		TE CAUSE (0)	MIKUSH	hic	BREAST	· CA.	NCE	2		5	mo		
	NOI	Conditions, if any, gave rise to immercouse (a), static underlying cause	mediate ng the last	(c)	R AS A CONSEQUI		IT NOT RELATED TO TI	HE TERMI	NAL DISEASE	OR CON	IDITION G	IVEN IN PART	Îto		
	CERTIFICATION	190 DATE OF OPERATION 196 COND			OITION FOR WHICH OPERATION WAS PERFORMED								, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \( \text{T} \)		
	_	21a. ACCIDENT WAS UNI	-			INJURY 21c HOW INJURY OCCUR				URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
	MEDICAL	(IF EITHER NOTIFY MEDI				19		1100							
	MED	21d INJURY OCCUR			E OF INJURY  STREET FACTORY OFFICE FARM ETC.)  211 LOCATION  STREET					CITY OR TO	NWN	COUNTY		STATE	
		226.1 certify tho (1) sow the deceas above (1) (we)				2 87.	ond that in my (our)	87 opinion di	lo eath occurred	g A	ote and he	. 19 <u></u> 27 our and from t	he couse	(we) lost	
1		226. SIGNATURE	7				DEGREE		14.7			22c DA	TE SIGN	ED	
		alle	albu	ull	UD	ATTEN PHYSI		DIRECTOR [	] PHYSIC		10	AUG	87		
		PHYSICIAN'S RI		LAWEL	,		22e ADDRESS	7,00	Cr.	Ile	DIA	MERID			
+	23n B	URIAL, CREMATION.				VAME OF	CEMETERY OR CREM	ATORY	123d LOCA	TION	(14)	MISICIP	68	CAU	
		burial	KEMOT AL	8/12					CITY	OR TOWN	~ ~	COUNTY		STATE	
ŀ	24 FL	JNERAL DIRECTOR		0/12/	DI DI	) L .	Mem. Park			GISTRAR		Dor.		Id.	
		THOMAS F	UNER.	AL HOM	E CAMBI	RIDGI		AUG	0 4 7	987		Deviden		dass	

DHMH - 16 60M 7/B4

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical exemple in the medical exemple is a specific to the medical exemple in the medical exemple in the medical exemple is a specific to the medical exemple in the medical exemple in the medical exemple in the medical exemple is a specific to the medical exemple in the medi TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and callshould be detached for use as the burnol-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

(VRA 15, 4)

AUG 13 1997 friender

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI HE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ÄLONG WIT FOR PHOREAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMI PAFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DIRECTOR. MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

**DHMH - 17** (VR A15 ME (5))

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG MEDICAL EXAMINER'S CERTIFICATE OF

PIENE	Conti	118	201		
DEATH	0	REG. NO.	6	0	

	I. DEC	EASED NAME	FIRST		MIDDLE		LAST		20 DATE KNOW		DAY YEAR	26 HQ+
		OR PRINT)	ROGER	2 - 4	AZIER		ERMAN		DEATH MATE	D X 8	+2,87	8-
	3 SEX	М	4. RACE WHITE	MARCH 21				NDER 24 HRS.	PRONOUNCED DEAD	MONTH 8	- 3-1987	107
5		RTHPLACE (ST EIGH COUNTRY) RYLAND	ATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRI	ED X NEVERA	AARRIED [	9 BALTIMORE C	STER CO		MD
)		ST NEW	MARKET	SNUG HARI	UAL OCCUPATION	1	OR INDUST	ISINESS				
9	3a. ST		IF IN NURSING HOME OF DORCH	ROTHER INSTITUTION GIVE Y ESTER	RESIDENCE BEFORE ADMIT		13d. INSIDE CITY LIM	ITS?   13e ST	REET ADDRESS	1501	Tally or	II III
2		THER'S NAME HAROLD		MIDDLE	ERMAN		15. MOTHER'S A	SSETTA	E	LYO	LAST	
(		AS DECEASED S. NO, OR UNKNO YES	EVER IN U.S. ARA	VAR OR DATES)	218-20-66	40000	17. INFORMANT ELIZABE		SHERMAN,		BOX 1681	
		Condition gove ris cause (a) lying cause	ATH WAS CAUSED  IMMEDIAT  is, if ony, which e ta immediate stating the under- se lost.	E CAUSE (a)  DUE TO, OR A  (b)  DUE TO, OR A  (c)	CDIAC A  S A CONSEQUENCE  S A CONSEQUENCE	E OF	T. ? VEN ERIOSCIE	ettiese Cotte	en Dysus Henry I	אייר ואי איין	APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
	NOIL			NONE!	NOTED			100				
1	CERTIFICATION		NONE		AS PERFORMED?			20 AUTOPSY	NOX			
3	MEDICAL CER	UNDERLYING CONTRIBUTION	CAUSE WAS		MONTH DAY YE	AR	N	URUED LENTER	NATURE OF INJURY IN I	EM 18 PART 1 OR PA	ART 2)	
	MED	21d. INJURY O WHILE AT WORK	20 WHILE A	21e PLACE OF STREET, FACTO			CATION	NIA	CITY OR TOWN	co	DUNTY	STATE
		220 I certif death resulte ACTUAL SIGNATURE		e af the remains descr		Autops Suicide	y , Insp Homicide TITLE (SPECIF D. DEP	Y)	Inquiry determined manner	ond in my a , DATE SIGNI	P-3	-87
1				D R. McWIL					TREET, CA	MBRIDG	E, MD 21	613
	(56	BURIAL	TION, REMOVAL 23	8-5-87	23c, NAME OF C		GTON CEM	. НИ		RCHEST	ER, MD	ATE
		NERAL DIRECT NAME		ME, EAST N	NEW MARKET	r, MD	21631.A	10 0	1027	REGISTRAR'S	signature	

MER Y DOWNSHIP RECEIVED AND THE TOTAL CONTRACTOR

BP.

DHMH - 16 60M 7/ (VRA 15, 4)

may be

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DE	CEASED NAME FIRS										26 HOU	
(1186		1yd	e Ru	ussel.	1 Su	mner		August	14.	1987	6:3	20 P
3. SE	Х	4.	RACE			E OF BIRTH		6. AGE (IN YEARS LAST BIRT		IF UNDER TYEAR	IF UNDER	24 HRS
M	1		W		^2	7 7 PAY	21	66	YRS	MONTHS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIG	3N 7b	CITIZEN OF V	WHAT COUN	TRY? 8	RIED   NEVER	AAABBIED 🗆	9. BALTIMORE CITY O		Y OF DEATH		- 1
	N.C.	300	U.S.	. A .			OIVORCED []	Char1e	S			M
). CI	ITY OR TOWN OF DEATH	11				E OR OTHER INS		120 USUAL OCCUPATION	ON	12b. KIND (		SS OR
L	aPlata	130	Physi	ician	s Memo	rial H	lospita	1 TOOL MA	KER	IFE) INDUSTRY		
30 S	AL RESIDENCE (IF NURSING HO	OME OR OF		GIVE RESIDENCE			CITY LIMITS?	13e.STREET ADDRESS	7IP COD	F ~	11/	1/
			RLES	2 24 100	ANHEAD		NO X	16 EMMA			2	(
FA	ATHER'S NAME		DDLE		7		S MAIDEN NAM	AE .				
S	SAMUEL SUMN		ore .	LAS		MIT	TTIE BE	RYANT		LA	51	
	WAS DECEASED EVER IN U.			166 SOCIAL	SECURITY NO	. 17. INFORM	ANT	ADDRE	55	(R. L.) (A.)		
()	YES, NO OR UNKNOWN) (IF Y	TES GIVE W	VAR OR DATES)	156-	04-543	SE Car	crie Ch	atman - d	laugh	nter		
	18 CAUSE OF DEATH IEM	nter only	one couse per			9 001					ONSET AND	VAI
	PART I, DEATH WAS C	AUSED		Cuil	1111 SI	110.1				DCI TY CEIN	Creat Air	DEPOSIT.
	IMM	CUIATE		- LANGE		Charles						
	Conditions of any		DUE TO, OR	AS A CONS	SEQUENCE OF	1- 1	20ins					
	Conditions, if any, which	ote	(b)	AS A CONS	m a	stery 1.	peir					
	gave rise to immedia cause (a), stating th	the	(b)_	Cry	SEQUENCE OF	stery 1.	neis					
	gove rise to immedia couse (a), stating the underlying couse las	ote the ost.	DUE TO, OR	AS A CONS	ery a	rtery 1	heire Voire					
Z	gave rise to immedia cause (a), stating th	ote the ost.	DUE TO, OR	AS A CONS	ery a	sul /	Deve D TO THE TERMI	nal disease or cont	DITION GIV	VEN IN PART 1:	0	
MOLL	gave rise to immedio cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	ate the ast.	DUE TO, OR  (c)  NDITIONS CO	AS A CONS	GEODEATH BI							
FICATION	gove rise to immedia couse (a), stating the underlying couse las	ate the ast.	DUE TO, OR  (c)  NDITIONS CO	AS A CONS	GEODEATH BI	suls /		20a AUTOPSY?	20b. IF YE	VEN IN PART 1:	NGS USED	
RTIFICATION	gove rise to immedio couse 101, stating it underlying couse los PART 2 OTHER SIGNIFICA	ANT CO	DUE TO, OR (c) NDITIONS CO	R AS A CONS CARE ENTRIBUTION TION FOR W	GEODEATH BI	ION WAS PERF	ORMED	20a AUTOPSY? YES NO	20b. IF YE IN CERTI	S, WERE FINDI FYING CAUSES ES []	NGS USED	H?
	gove rise to immedio couse (a), stating it underlying couse last PART 2 OTHER SIGNIFICATION DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING.	ANT CO	DUE TO, OR (c) NDITIONS CO	AS A CONS ONTRIBUTION TION FOR W	GEODEATH BI	ION WAS PERF	ORMED	20a AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDI FYING CAUSES ES []	NGS USED S OF DEAT	H?
	gave rise to immedio cause (a), stating it underlying cause la:  PART 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEXA)	ANT CO	DUE TO, OR  (c)  NDITIONS CO  196 CONDITIONS  216 TIME OF HOUR A.A.	R AS A CONS ENTRIBUTING TION FOR W FINJURY M. MONTH	G TO DEATH BE	ION WAS PERFO	ORMED	20a AUTOPSY? YES NO	20b. IF YE IN CERTI	S, WERE FINDI FYING CAUSES ES []	NGS USED S OF DEAT	H?
	gave rise to immedio cause (a), stating it underlying cause la:  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAMPLE)  21d. INJURY OCCURRED	of te control of the	DUE TO, OR  (c)  NDITIONS CO  19b CONDIT  21b TIME OF HOUR A.A.	AS A CONSTITUTION FOR W.  FINJURY M. MONTH	GEQUENCE OF WAR AND THE CHICH OPERATION DAY YEAR	ION WAS PERFO	ORMED NJURY OCCURR	20a AUTOPSY? YES NO	20b. IF YE IN CERTI YI Y IN ITEM 18	S, WERE FINDI FYING CAUSES ES []	NGS USED S OF DEATI NO	H?
	gave rise to immedio cause (a), stating it underlying cause la:  PART 2. OTHER SIGNIFICA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEXA)	of te control of the	DUE TO, OR  (c)  NDITIONS CO  19b CONDIT  21b TIME OF HOUR A.A.	AS A CONSTITUTION FOR W.  FINJURY M. MONTH	GTO DEATH BI	ION WAS PERFO	ORMED NJURY OCCURR	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJUR	20b. IF YE IN CERTI YI Y IN ITEM 18	S, WERE FINDI IFYING CAUSES ES PART I ORPART 2)	NGS USED S OF DEATI NO	H? ]
	gave rise to immedio cause (a), stating it underlying cause la:  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXAMPLE)  21d. INJURY OCCURRED	ANT CO	DUE TO, OR  (c)  19b CONDITIONS CO  21b TIME OF HOUR A.A.  21e. PLACE C (AT HOME STREE	AS A CONSTITUTION FOR W.  FINJURY M. MONTH M.  DF INJURY EET, FACTORY, O	GEQUENCE OF WAR THICH OPERATION DAY YEAR TO DESCRIPTION OF THE PROPERTY OF THE	ION WAS PERFO	ORMED NJURY OCCURR	200 AUTOPSY?  YES NO ED (ENTER NATURE OF INJUR	20b. IF YE IN CERTI YI Y IN ITEM 18	S, WERE FINDI IFYING CAUSES ES PART I ORPART 2)	NGS USED S OF DEATH NO	H?
	gove rise to immedio couse   a), stating it underlying couse   la:    PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EX. 21d. INJURY OCCURRED WHILE AT WORK AT WORK  22a.1 certify that (1) (this saw the deceased ali	ANT CO	DUE TO, OR  (c)  NDITIONS CO  19b CONDIT  21b TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME STREET) ) oftended the	R AS A CONS  NTRIBUTING  TION FOR W  FINJURY M. MONTH M.  DF INJURY EET, FACTORY, O  deceosed f	GEQUENCE OF  WHICH OPERATI  H DAY YEA  19  FFICE FARM, ETC.)	21¢ HOW II	ORMED  NJURY OCCURR  ION  ET	200 AUTOPSY?  YES NO  ED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YE IN CERTI YI Y IN ITEM 18	S, WERE FINDI FYING CAUSES ES PART ( OR PART 2) COUNTY	NGS USED S OF DEATH NO	H?
	gave rise to immedia cause (a), stating it underlying cause later and the cause like ither notify medical extensions and the cause later and the cause and later and the cause and later and the cause later a	ANT CO	DUE TO, OR  (c)  19b CONDIT  21b TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME STREET) ) oftended the	R AS A CONS  NTRIBUTING  TION FOR W  FINJURY M. MONTH M.  DF INJURY EET, FACTORY, O  deceosed f	GTO DEATH BI  CHICH OPERATI  H DAY YEA  19  FFICE FARM, ETC.)	21¢ HOW II	ORMED  NJURY OCCURR  ION  ET	200 AUTOPSY?  YES NO  ED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YE IN CERTI YI Y IN ITEM 18	S, WERE FINDI FYING CAUSES ES PART ( OR PART 2) COUNTY	NGS USED S OF DEATI NO	H?
	gave rise to immedia cause (a), stating it underlying cause later and the cause like ither notify medical extensions and the cause later and the cause and later and the cause and later and the cause later a	ANT CO	DUE TO, OR  (c)  NDITIONS CO  19b CONDIT  21b TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME STREET) ) oftended the	R AS A CONS  NTRIBUTING  TION FOR W  FINJURY M. MONTH M.  DF INJURY EET, FACTORY, O  deceosed f	GTO DEATH BI  CHICH OPERATI  H DAY YEA  19  FFICE FARM, ETC.)	216 HOW II 216 LOCAT STREE	ORMED  NJURY OCCURR  ION  ET	200 AUTOPSY?  YES NO CITY OR TO:  CITY OR TO:  death accurred on the do	20b. IF YE IN CERTI YI YIN ITEM 18	S, WERE FINDI IFYING CAUSES ES PART I ORPART 21  COUNTY  19  ur and from the	NGS USED S OF DEATI NO	H?
	gave rise to immedia cause (a), stating it underlying cause later and the cause like ither notify medical extensions and the cause later and the cause and later and the cause and later and the cause later a	ANT CO	DUE TO, OR  (c)  NDITIONS CO  196 CONDITIONS  216 TIME OF HOUR A.A. P.A.  216 PLACE C (AT MOME STREET) ) oftended the	R AS A CONS  NTRIBUTING  TION FOR W  FINJURY M. MONTH M.  DF INJURY EET, FACTORY, O  deceosed f	GTO DEATH BI  CHICH OPERATI  H DAY YEA  19  FFICE FARM, ETC.)	216 HOW II 216 LOCAT STREE	ORMED  NJURY OCCURR  ION  ET  , 19  y) (our) opinion d  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  40 Health accurred on the do	20b. IF YE IN CERTI YI YIN ITEM 18	S, WERE FINDI IFYING CAUSES ES PART I ORPART 21  COUNTY  19  ur and from the	NGS USED S OF DEATI NO	H?
	gove rise to immedio couse 101, stating it underlying couse loss to the stating of the stating o	ANT CO  ING  OF DEATH AMINER)  hospital ive an did not) v	DUE TO, OR  (c)  NDITIONS CO  196 CONDITIONS  216 TIME OF HOUR A.A. P.A.  21e PLACE C (AT MOME STREE)  outlended the body of t	R AS A CONSTITUTION FOR WITH MAN MONTH MAN	GEQUENCE OF WARD TO DEATH BI H DAY YEA 15 FFICE FARM, ETC.) TOM	216 HOW II R 216 LOCAT STREE	NJURY OCCURR  ION  ET  , 19  /) (our) opinion d  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TOTAL  CITY OR TOTAL  MEDICAL STAR  DIRECTOR PHYSIC	20b. IF YE IN CERTIL YI YE IIEM IB	COUNTY  19  220 DATE  270 DATE	NGS USED SOFT DEATH NO That that (I) (we couses stored as SIGNED	TATE  ve) lost  ted
MEDICAL	gove rise to immedio couse 101, stating it underlying couse lot in the couse 101, stating it underlying couse lot 196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EX. 21d. INJURY OCCURRED MILE AT WORK AT WORK AT WORK AT WORK AT WORK 120. I certify that (I) (this saw the deceased of bove, (I) (we) (did) (couse of the couse of the	ANT CO  ANT CO  OF DEATH AMINER)  hospitol ive on did not)  (IYPE OR PI  e at 1	DUE TO, OR  (c)  NDITIONS CO  196 CONDIT  216 TIME OF HOUR A.A.  21e. PLACE C (AT HOME STREET)  ottended the body of the body	R AS A CONSTITUTION FOR WITH MAN MONTH MAN	GEQUENCE OF WAS THE CONTROL OF THE C	216 HOW II R 216 LOCAT STREE 216 LOCAT STREE 217 LOCAT STREE 218 LOCAT STREE 218 LOCAT STREE	ORMED  NJURY OCCURR  ION  ET  , 19  () (our) apinion d  ATTENDING PHYSICIAN PHYSICIAN PHYSICIAN W	200 AUTOPSY?  YES  NO CITY OR TOWN  CITY OR TOWN  MEDICAL STAF  DIRECTOR PHYSIC  Aldorf M	20b. IF YE IN CERTIL YI YE IIEM IB	S, WERE FINDI FYING CAUSES ES  PART I OR PART 2)  COUNTY  19 ur and from the 22c DATE 8/	that (I) (w. causes sto	trate  ve) lost ofted
- (	gove rise to immedio couse 101, stating it underlying couse loss to the stating of the stating o	ANT CO  ANT CO  OF DEATH AMINER)  hospitol ive on did not)  (IYPE OR PI  e at 1	DUE TO, OR  (c)  NDITIONS CO  196 CONDIT  216 TIME OF HOUR A.A.  21e. PLACE C (AT HOME STREET)  ottended the body of the body	R AS A CONSTITUTION FOR WITH MAN MONTH MAN	GEQUENCE OF WAS THE CONTROL OF THE C	216 HOW II R 216 LOCAT STREE	ORMED  NJURY OCCURR  ION  ET  , 19  () (our) apinion d  ATTENDING PHYSICIAN PHYSICIAN PHYSICIAN W	200 AUTOPSY?  YES NO CITY OR TOTAL  CITY OR TOTAL  MEDICAL STAR  DIRECTOR PHYSIC	20b. IF YE IN CERTIL YI YE IIEM IB	S, WERE FINDI FYING CAUSES ES  PART I OR PART 2)  COUNTY  19 ur and from the 22c DATE 8/	NGS USED SOFT DEATH NO That that (I) (we couses stored as SIGNED	trate  ve) lost ofted

JIF .55

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3 3

i		REGISTRAR				CERTIF	ICATE OF	DEATH	REG	. NO			
Ì		CEASED NAME	Par	othy	L.	Tayl	Lor		20. DATE OF DEATH		1987	26 HOUR 7:55P	
	3. SEX	•		4. RACE		5. DATE C			6 AGE (IN YEARS LAS		IF UNDER 1 YEAR	M	
0		MALE		BLACK				1942	44		MONTHS! DATS	HOURS MIN.	
1	70. BIRTHPLACE   STATE OR FOREIGN   7b. CITIZEN OF United				OF WHAT COUNTRY?			9 BALTIMORE CITY OR COUNTY OF DEATH					
1		10. CITY OR TOWN OF DEATH 11. NAME OF HOSPI				PITAL, NURSING HOME OR OTHER INSTITUTION			Ollaries				
1	L	La Plata Physicians Me							(TYPE OF WORK FOR MC	ST OF WORKING	LIFE) INDUSTRY	Navy Gov	
)	130 S Ma	ryland	13b COUN Char	other institution lty les	Is CITY OR TOWN Hughesvi	N	13d INSIDE C	100.0	13e STREET ADDRE	ss / ZIP CO all Dr	ive 2	0637	
)	AN:	THER'S NAME  DREW		MIDDLE	COLE		ADELI	S MAIDEN NAM NE NE	AE MIDDI	E	STAT	ON	
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT	AD	DRESS	Hughes	ville, Md	
	N				566 62 3	1968	RICHAR	D TAYLO	R-HUSBAND	-108 F	Randall	Dr.	
		PART I. DE ATH W	AS CAUSE	E CAUSE (a)	RAS CONSEQUE	Los A	~0 C	oranno	my of (	Brio	BETWEEN	XMATÉ INTERVAL PONSET AND DEATH	
		Conditions, if ony, gove rise to imm cause (0), statin underlying couse	nediote	DUE TO, O	R AS A CONSEQUE	NCE OF	Jensy	func		wo h	NOD.		
	NO	PART 2 OTHER SIGN	HEICANT C	onditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION	IVEN IN PART I	10	
	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? YES NO	IN CER	TIFYING CAUSE		
1		216 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEA	H .	M. MONTH DA	Y YEAR	21¢ HOW IN	JURY OCCURRE	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM, ETC	211 LOCATION STREET	N	CITY C	RTOWN	COUNTY	STATE	
		226 I certify that (1) saw the decease	d olive on	81.	31 198	7 . 01	nd that in (my)	19 8	eoth occurred on the	e dote and h		that (Twe) last couses stated	
		22b. SGNATURE	ALA	RG	~~v	m	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [	22c. DATI	ESIGNED	
1		TEU 18	DE	RPRINT)	SATIAL	N	22e ADDRES	PLAT	n ms	05 (	646.		
	( !	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR		23d LOCATION CITY OR TOW		COUNTY	STATE	
		urial		9/5/8	/ WA	SHING	TON NA		SUITLAN			ARYLAND	
	24 FU	PERAL DIRECTOR	. )	Done	19/2	0 7	00		P 2 - 109		ISTRAR'S SIGNA	^	

DHMH - 16 60M 7/B4

death o

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the

etained by the haspital ar attending physician.

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ľ	87	REGISTRAR		ERTIFICATE OF DEATH	REG. NO	o.	
Ì		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
ı	/	Adam L	evin W.	ashington		8 187 "	
I	3. SEX	4.1	RACE 5.	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	THOAY)  IF UNDER I YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.	-
ı	n	Tale 1	slack	7 15- 1923	64	YRS	
1	7a. BS	PLACE PLATE OF FORCES	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
4	1	nd.		IDOWED DIVORCED	Worch	esser m	_
	Pas	hodesdale	. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR		TYPE OF WORK FOR A OST O		
C		AL RESIDENCE (IF NURSING HOME OR OTI TATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADM	LOLO YES NO NO I	IJe.STREET ADDRESS	ZIP CODE 2165-9	
10	14. FA	THER'S NAME FIRST MID	DLE A LAST "	15 MOTHER'S MAIDEN NAM	MIDDI	/ IASE	
4	1	nomas	Washingt	on mary	40000	annow	
		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		732 Fle abeth	Rroun	Rhodesdali M	1
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one couse per line or (o), (b) and is	le mossive (	TVA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	-
1		IMMEDIATE (	AUSE (o)	11111231000			-
1			DUE TO, OR AS ACONSEQUENCE	E OF Alcololism			
1	2.5	Conditions, if any, which gave rise to immediate	(8)	7/1000000			-
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	5 Smeland			
		PART 2 OTHER SIGNIFIC ANT COL	10	TH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 110	=
	NO						
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES TO NO TO	
Н	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURRE			-
3		OR CONTRIBUTING CAUSE OF DEATH		YEAR			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	211 LOCATION		OWN COUNTY STATE	-
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM	. ETC ) STREET	CITY OF IC	3131	
		220.1 certify that this haspital		7-74 19.87	10_ 45 · 1	19_8Z, that () (we) las	
ď	76	sow the deceased alive on above, (1) we) (did) (hid not)	view the body ofter death.	2, and that in (our) opinion d	leath occurred on the d	ote and hour and from the couses stated	u
		226. SIGNATURE	11/11	DEGREE		220 DATE SIGNED	
		Maple	tellen	ATTENDING PHYSICIAN	MEDICAL STA		
		22d. PHYSICIAN'S NAME INTEGER	1047)	22e. ADDRESS			
							_
	73a E	BURIAL CREMATION, REMOVAL	236. DATE 23c NAM	ME OF CEMETERY OR CREMATORY	23d LOCATIO	A A STATE	-
	K	unal	8-6-87 tes	deral & ill	Feder	alse lasoline M	d.
	24 FL	NAME TO STATE OF THE STATE OF T	2/ ADDRESS	O. Bgy 92 8250 DATE	REC'D. BY REGISTRAR	25 REGISTRAL'S SIGNATURE	
- 11	114	D = = = 10 / 100	. 1h There	Vach mil AUC	) T T MO/	0	

DHMH - 16 50M 4/83 (VRA 15, 4)

enne Smith

BP.